PATENT APPLICATION FEE	DETERMINATION RECORD
PAICHTALLOW	

Effective October 1, 2000

Application or Docket Number

09854314

CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
	(Column 1)	150	(Coluini	7.76	•	RATE	FEE	ſ	RATE	F	EE
OTAL CLAIMS	20	2		EVIDA	1	BASIC FEE	355.00	OR I	BASIC FI	EE 710	0.00
DR .	NUMBER FIL		NUMBER	EXIDA		X\$ 9=		OR	X\$18=		
OTAL CHARGEABLE CLAIMS			*				(2.00	1 1	X80=	1	
DEPENDENT CLAIMS		is 3 =	a company			X40=	40.00	OR		\dashv	
ULTIPLE DEPENDENT CLAIN						+135=		OR	+270		
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(Column	1)	(Colur	mn 2)	Column 3	1	SIVIALL	ADDI-	1			DDI-
CLAIMS REMAININ AFTER	/G	NUM PREVI		PRESENT EXTRA		RATE	TIONAL FEE		RAT		ONAL FEE
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Independent *	Minus	***		=		X40=		OF	X80)=	
FIRST PRESENTATION C	OF MULTIPLE DEP	ENDEN	IT CLAIM		٢	+135=		OF	+27	0=	
						TOTAL ADDIT. FEI		OF	TIDDA P	OTAL FEE	
		(Cal)	imp 2\	(Column	3)	ADDII. FEI			:		
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AFTE AMEND			ID FOR	 	\dashv	X\$ 9=	FEE		R X\$	18=	
Total * Independent *	Minus	**		=				\dashv	\ \v_i	30=	
Independent * FIRST PRESENTATION	Minus OF MULTIPLE DE	PENDE	NT CLAIN	1 0		X40=	-	_	"-		
FIRST PRESENTATION	OF MOETH CE DE					+135=			"` L	70= TOTAL	
						TOT ADDIT. F	EE		OR ADD	IT. FEE	
(Colu	mn 1)		olumn 2)	(Colum	n 3)	٠					ADD
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AMENI	Minus		AID FOR	=		X\$ 9	=		OR	(\$18=	,
Total *	Minus	 		=		X40	_	一	OR I	X80=	
Independent * FIRST PRESENTATION		EPEND	ENT CLA	AIM .]]				270=	
			write "O" is	n column 3.		+135	TAL			TOTAL	1
* If the entry in column 1 is let the "Highest Number Pro	ess than the entry in eviously Paid For" IN	column 2 THIS SP	, Write U II ACE is less	than 20, en	ter "2 er "3.'	O." ADDIT.	FEE	ata ba	70	DIT. FEI	: I
** If the "Highest Number Pro ***If the "Highest Number Pro The "Highest Number Pre	eviously Paid For" IN viously Paid For" (Tol	HIS SP al or Inde	ependent) i	s the highest	num	ber found in t	ne appropri	ate do	k in colum		

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	i Fee =	Total
> +	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101		•			=	
Total Claims >20	203/103	-20 =		x		=	
Independent Claims >3	202/102	-3 =		X			
Mult. Dep Claim Present	204/104					=	
Surcharge	205/105					=	
English Translation	139						
TOTAL FEE CALCUL	ATION						
Fees due upon filing	the application	; T				, i	
Total Filing Fees Du	e = \$ _	395					٠
Less Filing Fees Sub	mitted - \$ _	355		_			
BALANCE DUE	= \$ _	40					

Office of Initial Patent Examination